



Nurse Refresher Program

PHONE: (208) 918-3273 | WEB: <https://www.nurserefresher.org/>

EMAIL: nurserefresher@nurseleaders.org | MAIL: 2210 S Broadway Ave, Ste 201, Boise, ID 83706

Preceptor Agreement

Instructions: Please complete and submit this form to the Nurse Refresher Program Coordinator using the contact information provided on the last page of this document.

Program Learning Outcomes:

1. Establish relationships with professional staff and patients in a clinical setting.
2. Develop clinical skills based on current nursing practice standards.
3. Participate in clinical practice setting opportunities to demonstrate an entry level competence.
4. Evaluate current and emerging healthcare information systems/technological resources to improve healthcare outcomes.
5. Create intra/interprofessional team relationships to support being a contributing member of the healthcare team.
6. Integrate data in health promotion/clinical prevention strategies.

NRP Participant Role:

1. Provide the agency with a signed copy of this agreement.
2. Discuss the Preceptor Agreement, the outcome requirements and learning experiences for the course with the preceptor and provide the preceptor a copy of the Preceptor Agreement.
3. Provide the agency, preceptor, and the NRP faculty with all the contact information needed for effective communication during your work in the clinical setting.
4. Function only within the scope of practice as defined in the state Nurse Practice Act.
5. Acknowledge that the preceptor has the right to refuse to continue to work with the NRP participant if the preceptor or agency determines that the participant is not participating in

a safe, professional, or confidential manner. Both the preceptor and the NRP participant will notify the NRP program coordinator within 24 hours of such action.

6. Agency policies and procedures will always be followed by the NRP participant.
7. The NRP participant will maintain professional liability insurance and Board of Nursing approval in the state of the clinical.
8. The NRP participant will record their scheduled clinical experiences, times, and dates using the provided NRP Clinical Activity Log.
9. The NRP participant works in the clinical setting to accomplish their required clinical hours as non-paid/non-hire hours.

Preceptor Role:

1. The preceptor that agrees to participate in the learning experience will sign the Preceptor Agreement form prior to working with the NRP participant.
2. The preceptor has the right to refuse to work with a NRP participant who, in the preceptor's or agency's judgment, is not practicing safe, professional care. Any concerns regarding the participant will be called to the attention of the NRP coordinator in a timely manner.
3. The role of the preceptor is to be a resource person for the NRP participant and to assist engagement of experiences that meet the course and individual objectives as well as the NRP participant's determined goals.
4. The preceptor agrees to participate in an on-going evaluation of the NRP participant and will complete a written evaluation of the participant at the end of the course.
5. The preceptor agrees to be in regular contact with the NRP course coordinator/faculty/instructor and will notify him/her of any participant issues or concerns within 24 hours of an incident.
6. The preceptor will complete the final evaluation of the NRP participant's clinical experience and clinical practice competency, signing all forms and including comments/suggestions for the NRP participant.

Agency Role:

1. The agency will provide the NRP participant with an orientation based upon the NRP participant and agency needs.
2. The agency's policies and procedures will be made readily available to the NRP participant.

NRP Faculty/Coordinator Role:

1. The faculty will facilitate clinical experience where needed and assist with the preceptor-participant relationship.

- 2. The faculty will be in regular communication with participants via email, phone or video conference to review clinical logs and to discuss any problems or concerns.
- 3. The faculty will communicate by phone, email or in person with the preceptor during the rotation in order to assess the progress of the learning experience and any areas of concern. Communication will also include one contact at the end of the course.

Clinical Preceptor

Name: _____

Email: _____ Phone: _____

Credentials: RN LPN NP

Certifications _____

License Number: _____ State of License: _____

I agree to be the preceptor of record for this NRP participant according to the conditions outlined in this agreement.

Signature: _____ Date: _____

Nurse Refresher Program Contact Information

Nurse Refresher Program Coordinator

Phone: (208) 918-3273

Email: nurserefresher@nurseleaders.org

Website: <https://www.nurserefresher.org/>

Mail: Nurse Refresher Program, 2210 S Broadway Ave, Ste 201, Boise, ID 83706

Return this completed form by email to nurserefresher@nurseleaders.org
or by mail to 2210 S Broadway Ave, Ste 201, Boise, ID 83706.